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ABSTRACT

A questionnaire on student adjustment was completed by 54 secondary level regular classroom teachers with educable mentally retarded (EMR) students in their classrooms. Results revealed that the teachers did not rate EMR Ss very well in social, emotional-psychological, or academic performance. Academic performance was rated much more negatively than the other two areas. Indicators of friendliness, liking teachers, and cooperativeness were the only social area skills rated satisfactory or better. Lowest mean ratings for sociability were those identifying a close relationship of EMR Ss with non-EMR Ss and participation in extracurricular areas. Lowest averages in the emotional-psychological area went to positive self concept, volunteering for extra work, and absence of frustration. Five recommendations were made, including the need for uniform procedures for evaluating EMR Ss and the need for realistic teacher expectations of EMR students. (CL)

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The Adjustment of the Educable Mentally Retarded to the Regular Classroom--The Teacher's Perspective

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The Adjustment of the Educable Mentally
Retarded to the Regular Classroom--The Teacher's Perspective

If social acceptance and emotional adjustment are important for the well-being and academic performance of the handicapped student placed in the regular classroom, as the spirit of Public Law 94-142 indicates, then the degree to which this is achieved should be measured. The subjectivity involved makes this difficult. Also, the type of handicap involved may be an important factor. Hagerty & Howard (1978) found that there may be special problems with the mentally retarded. They feel that although some mentally retarded students may benefit from being integrated into largely nonverbal activities, a sense of defeat and frustration may increase when intellectual competition with the nonhandicapped is involved. Similarly, Guinagh (1980) cited two instances where mainstreaming was judged successful--a junior high school bowling team and a swimming class. Recognizing that these highly social experiences may not be comparable to the usual academic class, Guinagh concluded that most teachers are more concerned with instructing academics than with manipulating friendships. Samuel A. Kirk, an educator and psychologist who has been involved with exceptional child education for half a century, has expressed deep concern for the retarded, especially the educable group (Thomas, 1981). He stated that we really cannot define or reproduce conditions under which mainstreaming has been successful with the mentally retarded. He noted that social adjustment is still a problem.

THE SURVEY

Subject Selection

In order to explore further the question of social and emotional adjustment as well as academic performance, the authors conducted a study of educable mentally retarded (EMR) students in three secondary schools within a twenty-five mile radius. Secondary EMR students were selected as the subjects of investigation because of the authors' personal experience with secondary EMRs and because, as has already been noted by the studies cited, this group in particular appears to face adjustment problems after mainstreaming. This article focuses only on one part of that study--the adjustment and performance of EMRs as perceived by classroom teachers. A summarized report of the complete study has been reported elsewhere (Shepherd & Young, 1983).

Instrumentation

A questionnaire was developed by the authors with the assistance of special educators. Six classroom teachers with experience in teaching EMRs reviewed the instrument for item applicability and clarity. The revised instrument contained 29 adjustment or performance indicator statements designed to reflect the EMRs social and emotional-psychological adjustment

and academic performance. The user was instructed to rate the adjustment or performance of EMRs as a group, using the statements provided and a five-point rating scale ranging from excellent (5) to very poor (1). Space for additional comments by the user was also provided.

Procedure

The one hundred two secondary teachers in the three schools were contacted, told about the study, and were asked to complete the questionnaire if they had EMRs in any of their classes and if they wished to participate. These were regular classroom teachers who may or may not have had training in teaching the handicapped. Several teachers returned the questionnaires unmarked or said they did not teach EMRs. Fifty-four completed questionnaires were returned.

RESULTS

Table 1 shows the results of this survey. The adjustment/performance statements are listed by category (social, emotional-psychological, academic) in rank order from the highest mean rating (rounded to the nearest hundredth) received to the lowest mean rating. The number of teachers making each response (1= Very Poor; 2 = Poor; 3 = Satisfactory; 4 = Good; 5 = Excellent) to each statement is given also.

Insert Table 1 Here

Based on the mean ratings, the teachers do not think EMRs perform very well in any of the three areas. Mean ratings indicating satisfactory or better-than-satisfactory adjustment (3.00 or more on the five-point scale) were given only to the indicators of friendliness, liking teachers, and cooperativeness in the social area, although the statement "EMRs are liked by other students" received a rating extremely close to satisfactory (2.98). The only other satisfactory rating in the survey was in the emotional--psychological area, "The EMRs accept class rules" (3.00).

Indicators receiving the lowest mean ratings for sociability were those identifying a close relationship of the EMRs with non-EMRs (2.56) and participation in extracurricular activities (2.31). Both ratings are better than poor but less than satisfactory.

In the emotional-psychological area, the second highest mean rating was slightly less than satisfactory (2.85) and reflected the EMRs willingness to try to do schoolwork. The lowest averages in this area went to the EMRs' positive self concept (2.30), volunteering for extra work (2.30), and absence of frustration (2.26). All are considerably below satisfactory.

It should be noted that the mean ratings do not always give an accurate picture of the teachers' perceptions. Every indicator in both the social area and the emotional--psychological area received a rating of excellent or at least good by some teachers. For example, almost half (25) of the teachers surveyed said that the EMRs' liking for teachers was excellent or good, and more than a third (20) of the teachers similarly rated the EMRs' liking by other students.

The teachers gave a much more negative view of EMR performance academically than in the other two areas. The highest mean rating (only 2.39) related to the ability of EMRs to stay on task, and the lowest two ratings (both 1.80) were associated with retention of knowledge and writing skills. Mean ratings between poor and very poor (less than 2.00) were given to seven of the ten academic indicators. Only two indicators in the academic area received ratings by individual teachers higher than satisfactory. Of these two, one indicator received such a rating by only one teacher.

Only six teachers made additional comments in the space provided on the questionnaire. Their responses were varied but tended to reflect a feeling of frustration due to what they perceived as inadequate training for their task and the inability of EMRs to compete with normal and high-achieving students.

DISCUSSION

This survey seems to support other findings of adjustment problems among EMRs. We are aware that the use of a rating scale involves a high degree of subjectivity by the rater, and it is conceivable (even likely) that some of the teachers surveyed may not favor the mainstreaming concept in the first place. The problem of attempting group rather than individual ratings is recognized, too. Nonetheless, the results of this study are disturbing.

We can only surmise the extent to which the mediocre levels of adjustment in the social and emotional-pyschological areas correlates with or even causes the poor academic performance of the EMRs. It may be a chicken-or-egg dilemma. It is certainly reasonable to believe that the dismal academic ratings could result in a diminished self-concept and increased frustration.

Interestingly, the area which supposedly could be most objectively rated (the academic, since it could be based on grades and other data) received by far the lowest ratings. Does this mean that the teachers' perceptions were more accurate for the academic indicators? Or does it mean that the EMRs were being compared with nonretarded students in the assigning of

grades? The problem may be that our educational system simply is not geared up to measure fairly and adequately the academic achievement of the mentally retarded. Kinnison, Hayes, and Acord (1981) suggested several methods that have been used in determining pupil progress. The first uses "student self-comparison" where progress is measured by gains made toward reaching specific objectives. Another method involves a contract between student and teacher for a grade. A third system utilizes multiple grades for several areas such as ability, effort, and achievement. A fourth alternative is shared grading which allows the regular classroom teacher and a resource teacher to work together to determine grades. Regardless of the procedure used, it is important for the teacher to be aware of the EMR's need for plenty of time, possible difficulties in reading and writing, and nervousness resulting from frequent past failures (Kinnison et al. 1981).

RECOMMENDATIONS

On the basis of the findings of this survey, the following suggestions seem appropriate:

(1) Schools should have clear and uniform procedures for evaluating EMRs, especially in the academic area. Several evaluation options should be examined to determine the most

appropriate for a given educational setting. Special education teachers could serve as resource persons in finding and using the chosen system.

(2) Teachers must be realistic in their expectations for EMRs. Consideration must be given to the number and difficulty of instructional objectives, the amount of time allowed, and specific difficulties such as reading which individual students may have.

(3) Ways to help alleviate frustration and improve the student's self-concept through more success experiences should be incorporated into the learning activities. Teachers should encourage EMRs to take part in class projects within their capabilities. Bulletin board planning and construction would be a good example.

(4) Schools should provide opportunities for EMRs to interact with nonhandicapped students in a less verbal or less academic environment. Sports programs that stress cooperation among small groups (such as relay teams in track) might be useful. Instructional games of various types used in the classroom might serve the same purpose.

(5) More research on the relationship among the social, emotional-psychological, and academic areas of student behavior should be conducted. Teachers should be aware of the likelihood that the level of a student's performance in one or more areas will have an impact on the others.

Table 1. Teacher Ratings of EMR Adjustment or Performance

Adjustment/Performance Indicator	Frequency of Ratings (n=54) 1=VP	2=P	3=S	4=G	5=E	Mean Rating
Social--The EMRs:						
1. Are friendly	0	11	26	9	8	3.26
2. Like teachers	5	8	16	18	7	3.26
3. Are cooperative	6	11	14	12	11	3.20
4. Are liked by other students	8	10	16	15	5	2.98
5. Get along with other students	7	13	21	6	7	2.87
6. Emulate others good behavior	10	10	21	7	6	2.80
7. Rarely disturb others	11	15	12	7	9	2.78
8. Seem to like school	8	13	23	6	4	2.72
9. Form close relationships with non-EMRs	12	14	14	14	0	2.56
10. Take part in extra-curricular actvities	15	21	8	6	4	2.31
Emotional-Psychological						
The EMRs:						
11. Accept class rules	8	13	14	9	10	3.00
12. Attempt assignments	9	8	23	10	4	2.85
13. Rarely become embarrassed	6	22	15	7	4	2.65
14. Eagerly participate in class	13	10	19	9	3	2.61
15. Are normally active	12	12	20	5	5	2.61
16. Show interest in class	8	18	20	5	3	2.57
17. Have a positive self-concept	13	21	14	3	3	2.30
18. Volunteer for extra work	17	16	12	6	3	2.30
19. Rarely become frustrated	18	14	15	4	3	2.26
Academic--The EMRs:						
20. Stay on task	15	16	14	5	4	2.39
21. Can follow simple oral instructions	14	21	18	1	0	2.11
22. Can solve simple math problems	14	21	19	0	0	2.04
23. Comprehend simple reading materials	16	24	14	0	0	1.96
24. Can apply learned information	20	18	16	0	0	1.93
25. Can write legibly	17	25	12	0	0	1.91
26. Have developed a basis for future learning	19	22	13	0	0	1.89
27. Can follow simple written instructions	21	21	12	0	0	1.83
28. Can retain information	22	21	11	0	0	1.80
29. Can write meaningful sentences	22	23	9	0	0	1.80

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